

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/529,122</td> </tr> <tr> <td>Filing Date</td> <td>September 29, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Charles R. CANTOR</td> </tr> <tr> <td>Title</td> <td>NUCLEIC ACID SUPPORTED PROTEIN COMPLEMENTATION</td> </tr> <tr> <td>Art Unit</td> <td>1637</td> </tr> <tr> <td>Examiner Name</td> <td>K. Horlick</td> </tr> <tr> <td>Attorney Docket No.</td> <td>632852000100</td> </tr> </table>	Application Number	10/529,122	Filing Date	September 29, 2005	First Named Inventor	Charles R. CANTOR	Title	NUCLEIC ACID SUPPORTED PROTEIN COMPLEMENTATION	Art Unit	1637	Examiner Name	K. Horlick	Attorney Docket No.	632852000100
Application Number	10/529,122														
Filing Date	September 29, 2005														
First Named Inventor	Charles R. CANTOR														
Title	NUCLEIC ACID SUPPORTED PROTEIN COMPLEMENTATION														
Art Unit	1637														
Examiner Name	K. Horlick														
Attorney Docket No.	632852000100														
I hereby revoke all previous powers of attorney given in the above-identified application.															
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">25226</div> OR <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Practitioner(s) Name</th> <th style="width: 15%;">Registration Number</th> <th style="width: 30%;">Practitioner(s) Name</th> <th style="width: 15%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number										
Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number												
Please recognize or change the correspondence address for the above-identified application to:															
<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number: OR <input type="checkbox"/> The address associated with Customer Number: <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: 10px;"></div> OR															
<input type="checkbox"/> Firm or Individual Name															
Address															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">City</td> <td style="width: 20%;">State</td> <td style="width: 20%;">Zip</td> <td style="width: 30%;"></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Email</td> <td></td> </tr> </table>		City	State	Zip		Country	Telephone	Email							
City	State	Zip													
Country	Telephone	Email													
I am the:															
<input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____															
SIGNATURE of Applicant or Assignee of Record															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature</td> <td style="width: 50%;">Date</td> </tr> <tr> <td style="height: 20px; vertical-align: bottom;"> </td> <td style="vertical-align: bottom;">4/9/09</td> </tr> <tr> <td>Name</td> <td>Telephone</td> </tr> <tr> <td colspan="2"> Title and Company </td> </tr> <tr> <td colspan="2"> Treasurer, Trustees of Boston University </td> </tr> </table>		Signature	Date		4/9/09	Name	Telephone	Title and Company		Treasurer, Trustees of Boston University					
Signature	Date														
	4/9/09														
Name	Telephone														
Title and Company															
Treasurer, Trustees of Boston University															
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.															
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.															